

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**097 787 069**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7		①		1		
8		1		1		
9		①		1		
10	1		1			
11		1		1		
12		2		1		
13		2		1		
14		①		1		
15		①		1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DER.		↓	14	↓		↓
TOTAL CLAIMS			16			

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Barbara Campbell  
National Stage Processing  
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